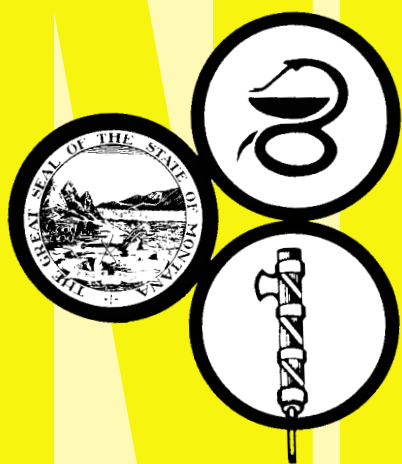


July 2004



Montana Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Pharmacy Mourns Loss of Dr Frank Pettinato

Following a brief illness, Dr Frank Pettinato, a retired and beloved Medicinal Chemistry professor at the University of Montana (UM) School of Pharmacy, died at his home in Missoula on May 15, 2004, four days short of his 83rd birthday. After receiving his PhD in 1958, he accepted the position of assistant professor of medicinal chemistry at UM, replacing his mentor, Dr John Suchy. In 1986, after 30 years of teaching, Frank retired as professor emeritus of pharmacy. Shortly after his retirement he was asked to return as acting dean of the School of Pharmacy. He served in this capacity for two years until a new dean could be found. Frank enjoyed his teaching career and often said, "If I had life choices to make again, knowing what I know now, I would make the same ones, but with much greater confidence."

He is survived by Marge, his wife of nearly 58 years, their son Donald and daughter Loretta, two brothers, and numerous nieces, nephews, and cousins.

In lieu of flowers, the family suggests contributions to the UM Foundation for the Frank and Marge Pettinato Pharmacy Scholarship; the Christ the King Church Renovation Fund; Hospice of Missoula; or the Missoula County Cancer Association, 3005 Queen St, Missoula, MT 59801. The Montana Board of Pharmacy sends its condolences to his family. Frank Pettinato left the world a much better place than he found it. He will be greatly missed.

Pharmacist's Manual

On the Web site below you can view and download the Pharmacist's Manual: www.deadiversion.usdoj.gov/pubs/manuals/index.html.

Methadone Overdoses

Methadone overdoses are on the increase in the state of Montana and nationwide, and several methadone-related deaths have been reported to the Board office. This synthetic narcotic is relatively inexpensive, and is used both legally and illicitly. It is relatively available on the illicit market. The slow onset and long half-life of methadone have undoubtedly gotten illicit users into trouble, especially when used

in combination with other narcotics or benzodiazepines. The dose required by tolerant individuals may be lethal to intolerant patients. Although some methadone deaths result from accidental or deliberate overdoses by patients with legitimate prescriptions, many occur when the drug is used recreationally or when tablets are borrowed from others and the length of time the drug remains in the body is not realized. Methadone overdose deaths among people in treatment are relatively rare.

What can a pharmacist do?

- ◆ Monitor your patients for under- and over-utilization of all drugs.
- ◆ Be on the lookout for combinations such as narcotics and Klonopin® or other benzodiazepines, especially when they are taken together.
- ◆ If you suspect that the patient is doctor-shopping or using multiple pharmacies to avoid suspicion, do not be hesitant to contact the prescribers involved or other pharmacies in a professional manner. No Health Insurance Portability and Accountability Act violations occur when you contact another health care professional on a need-to-know basis, and you just might save a life.

USP 797

United States Pharmacopoeia (USP) has finalized its Chapter 797, which covers sterile products in depth. The chapter is broken down into sections, with hood, clean room, and other requirements varying depending upon the product being made. Although intimidating to read, it is a good step toward guaranteeing patient safety. The Board will not automatically adopt this chapter, but will refer to it in the future as it discusses the adequacy of the wording of its sterile product regulations.

CE Reminder

The Board now automatically accepts continuing medical education (CME) as approved continuing education in Montana. There is no need to apply for a Continuing Education Advisory Council number; simply maintain proof of attendance at a CME-accredited presentation. Credits not used may be held over for the next renewal cycle providing

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they were obtained after July 1 of the preceding year. Rule change wording about to go out for public comment would also allow credits approved by any other state board of pharmacy to automatically be accepted in Montana.

Another Reminder on Multiple, Simultaneous CII Prescriptions

Both pharmacists and prescribers continue to call the Board office asking for the correct way to write multiple CII prescriptions for the same medication for the same patient on the same day. A January 2003 letter from Patricia Good, chief, Liaison and Policy Section of Drug Enforcement Administration's (DEA) Office of Diversion Control, to Howard A. Heit, MD, stated that DEA regulations do **not** prohibit a practitioner from issuing more than one prescription for the same drug at the same time in patients with stable, established dosage requirements. The following paragraph is an excerpt from that letter:

The DEA regulations do not prohibit a practitioner from issuing more than one prescription at a time. If, in keeping with the practitioner's professional medical judgment, multiple prescriptions are issued at one time, **each must bear the actual date that the prescriptions were issued and signed as well as directions for dispensing.** For example, if three prescriptions, each for a 30 day supply, are issued on January 9, 2003, each prescription must be dated January 9, 2003. In addition, **the prescriptions to be filled at later dates must include directions for the dispensing pharmacist such as, 'Do not dispense before February 9, 2003' and 'Do not dispense before March 9, 2003.'** Although Title 21 of the Code of Federal Regulations, Section 1306.12 (21 CFR 1306.12) prohibits the refilling of a prescription for a [CII] controlled substance, **the DEA does not consider multiple prescriptions in the scenario outlined above as refills**, and has authorized this practice **provided** that it is not in violation of the laws of the state in which the practitioner is licensed.

This scenario does not violate Montana law or rule and is the best method to use. Photocopy this paragraph and fax it to prescribers in your area if necessary.

Montana Pharmacist Recovery Network Reminder

Confidential assistance to anyone needing help or having questions concerning themselves, a colleague, an employee, an employer, or a family member can be found by calling toll-free 1-888/322-9674. Your call will be answered by a pharmacist. One out of every three pharmacists is likely to come into contact with a chemically dependent pharmacist during his or her professional lifetime.

Prevent That Medication Error!

A pharmacist in Idaho recently became concerned about a prescription she had received that was written for Celexa®. The practitioner had, in fact, meant to write for Cyclessa®. Food and Drug Administration receives ongoing reports of medication error incidents involving Seroquel® and Serzone®. Many of these errors could be (and have been) caught during patient counseling. Other potential precautions include:

- ◆ Inform coworkers of medication errors and near misses, evaluating what went wrong and how the error could be prevented in the future.
- ◆ On phone orders, verify the name of a drug whenever you have the slightest doubt.
- ◆ Separate frequently confused medications to prevent accidentally picking up the wrong one.
- ◆ And . . . counsel carefully. The medication error you prevent may be your own!

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